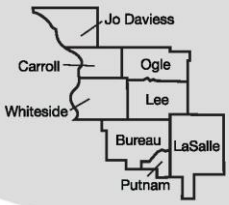
APPLICATION FOR EMPLOYMENT



BEST, Inc.
Business Employment Skills Team
Serving Northwest Central Illinois
www.best-inc.org

ILLINOIS workNet® CENTER
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Business Employment Skills Team, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name: _____ _____ _____ Date: _____
Last First Middle

Address: _____ _____ _____ _____
Number & Street City State Zip Code

Telephone Number: _____ Cell Phone Number: _____

Position Applying For: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No
(If offered employment, you will be required to provide documentation to verify eligibility)

EDUCATION: Please indicate education or training which you believe qualified you for the position you are seeking.

High School: Number of Years Completed ◯1 ◯2 ◯3 ◯4 GED/HSE ☐ Yes

College and/or Vocational School: Number of Years Completed 1◯ 2◯ 3◯ 4◯
School(s) _____ City/State: _____

Major: _____ Degree(s) Earned: _____

Other Training or Degrees:

School(s): _____ City/State: _____

Course: _____ Degree or Certification Earned: _____

EMPLOYMENT: List last employer first, including U.S. Military Service

May we contact these employers? ☐ Yes ☐ No

If "No", please explain: _____

_____

If any employment was under a different name, indicate name (e.g. maiden name):_____

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____ Position: _____

Dates of Employment: From: _____ To: _____
Month/Year Month/Year

Reason for Leaving: _____

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____ Position: _____

Dates of Employment: From: _____ To: _____
Month/Year Month/Year

Reason for Leaving: _____

Employer: _____

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____ Position: _____

Dates of Employment: From: _____ To: _____
Month/Year Month/Year

Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

REFERENCES: (at least 2 need to be professional or work related)

Name: _____ ☐ Work Related ☐ Personal

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____

Name: _____ ☐ Work Related ☐ Personal

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____

Name: _____ ☐ Work Related ☐ Personal

Address: _____ _____ _____ _____
Street City State Zip Code

Telephone Number: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Business Employment Skills Team, inc. to verify their accuracy and obtain reference information on my work performance. I hereby release the Business Employment Skills Team, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature: _____ Date: _____